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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Α	Application or Docket Number 10/543,083			ing Date 04/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OR		HER THAN ALL ENTITY
FOR			NU	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		N/A			N/A		]	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))				N/A		N/A			N/A		]	N/A	
	EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))			minus 20 =		•		П	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S		minus 3 =		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and dra- sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			oplication l entity) fraction	n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								П			]		
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	10/15/2008	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 22		Minus	<b>~</b> 26		= 0	П	X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 2		Minus	3		= 0	П	X \$110 =	0	OR	x s =	
M	Application Size Fee (37 CFR 1.16(s))							П					
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)													
L		CLAIM REMAIN AFTEI AMENDM	IING R		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16(i))			Minus				П	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))	*		Minus	***			П	x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))							П			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** 16	the entry in column the "Highest Numb If the "Highest Numb "Highest Number P	er Previously er Previous	y Paid F sly Paid	or" IN TH	IIS SPACE	E is less CE is less	than 20, enter "20 than 3, enter "3".		/LÄSHA	nstrument Ex NWN MARKS/ opriate box in colu		er:	

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.